

# Joshua Center Camp Medication and Consent Form

Parents, please initial one or more of the listed camp owned medications as appropriate for your child and sign the order below.

\_\_\_ **Acetaminophen** - (titrate dosage by age/weight) for pain or temperature PRN

\_\_\_ **Anti-itch Lotion** - (like Caladryl/Calahist/Medicaine Swabs for itching and insect bites) apply topically PRN

\_\_\_ **Throat Spray** - (like Chloraseptic) spray on sore throat PRN

\_\_\_ **Sterile Isotonic Buffered Solution** - to flush loose foreign material or chemicals from the affected eye or cleanse irritated eyes PRN

\_\_\_ **Medicated First Aid Spray/Ointment** - (like Solarcaine/Cala-Gel/Calahist for relief of pain and itch from sunburn, minor burns, cuts, scrapes and insect bites) apply topically PRN

\_\_\_ **Triple Antibiotic Ointment** - (like Neosporin to help prevent infection in minor cuts, scrapes and burns) apply topically PRN

\_\_\_ **Epi-pen/Epi-pen Jr.** - (please circle one) PRN hypersensitivity reactions, anaphylaxis or acute asthmatic attacks

\_\_\_ **Antacid** - (like Tums for the relief of stomach indigestion) chew 1-2 tablets PRN

\_\_\_ **Cough Drops** - allow drop to dissolve in mouth, may repeat PRN

**Additional over-the-counter medication brought from home and required for administration during camp:**

**Drug Name** \_\_\_\_\_ **Dosage** \_\_\_\_\_

**Drug Dosage** \_\_\_\_\_ **Time to be given** \_\_\_\_\_

Please administer the camp owned medication listed above to my child as needed. I understand that campers are not allowed to carry prescription or over-the-counter medications with them, but will be administered by the camp Health Manager.

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature